

**THIRD ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

SUMTER CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted January 9-11, 2018

CMA STAFF

Jane Holmes-Cain, LCSW
Lynne Babchuck, LCSW

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CAP Assessment of Sumter Correctional Institution

I. Overview

On January 9-11, 2018, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Sumter Correctional Institution (SUMCI). The survey report was distributed on February 9, 2018. In March 2018, SUMCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the January 2018 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than 90 days.

On July 24, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on August 27, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 14 of 29 physical health findings and 7 of 30 mental health findings were corrected.

On November 9, 2018, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on December 4, 2018 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 7 of 15 physical health findings and 8 of 23 mental health findings were corrected.

On April 15, 2019, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on May 13, 2019 to evaluate the effectiveness of corrective actions taken by institutional staff. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 6 of the 8 physical health findings were corrected. Two physical health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>CHRONIC ILLNESS CLINIC REVIEW</u></p> <p>A comprehensive review of 16 records revealed the following deficiencies:</p> <p>PH-2: In 7 records, there was no evidence that inmates were seen at the required intervals.</p>	<p>PH-2 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-2 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>ENDOCRINE CLINIC</u></p> <p>PH-4: In 5 of 13 applicable records (16 reviewed), there was no evidence of an annual fundoscopic examination.</p>	<p>PH-4 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-4.</p>

Finding	CAP Evaluation Outcome
<p><u>GASTROINTESTINAL CLINIC</u></p> <p>A comprehensive review of 15 records revealed the following deficiencies:</p> <p>PH-6: In 1 of 1 applicable record, there was no evidence of annual hepatocellular cancer screening for an inmate with cirrhosis.</p> <p>PH-7: In 4 of 14 applicable records, there was no evidence of hepatitis A and/or B vaccination or refusal.</p>	<p>PH-6 & PH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-6 & PH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>ONCOLOGY CLINIC</u></p> <p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p>PH-12: In 1 of 4 applicable records, there was no evidence of a referral to a specialist when indicated.</p>	<p>PH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>SICK CALL</u></p> <p>PH-17: In 4 of 9 applicable records (18 reviewed), there was no evidence that the follow-up visit was completed timely.</p>	<p>PH-17 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. PH-17 will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CONSULTATIONS</u></p> <p>PH-21: In 9 of 16 records reviewed, there was no evidence the diagnosis was recorded on the problem list.</p>	<p>PH-21 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-21.</p>

Finding	CAP Evaluation Outcome
<p><u>INTRA-SYSTEM TRANSFERS</u></p> <p>PH-22: In 9 of 17 records reviewed, there was no evidence the clinician reviewed the health record within 7 days of arrival.</p>	<p>PH-22 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close PH-22.</p>

III. Mental Health Assessment Summary

The CAP closure files revealed evidence to determine that 12 of 15 mental health findings were corrected. Three mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS</u></p> <p>A comprehensive review of 4 records revealed the following deficiencies:</p>	<p>MH-4, MH-6, MH-7 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close</p>

Finding	CAP Evaluation Outcome
<p>MH-4: In 1 of 2 applicable records, the guidelines for SHOS management were not observed.</p> <p>MH-6: In 4 records, the “Inpatient Mental Health Daily Nursing Evaluation” (DC4-673B) was not completed once per shift.</p> <p>MH-7: In 1 record, there was no evidence of daily rounds by the clinician.</p>	<p>MH-4, MH-6, & MH-7.</p>

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>A comprehensive review of 1 record revealed the following deficiencies:</p> <p>MH-11: In 1 record, a written referral to mental health by physical health staff was not present.</p> <p>MH-12: In 1 record, the inmate was not seen by mental health staff the next working day to determine if a higher level of care was needed.</p>	<p>MH-11 & MH-12 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-11 & MH-12.</p>

Finding	CAP Evaluation Outcome
<p><u>PSYCHOLOGICAL EMERGENCIES</u></p> <p>A comprehensive review of 7 records revealed the following deficiencies:</p> <p>MH-15: In 2 records, the disposition was not clinically appropriate.</p> <p>MH-16: In 1 of 2 applicable records, follow-up after a psychological emergency did not occur as indicated.</p>	<p>MH-15 & MH-16 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-15 & MH-16.</p>

Finding	CAP Evaluation Outcome
<p><u>SPECIAL HOUSING</u></p> <p>A comprehensive review of 6 records revealed the following deficiencies:</p> <p>MH-19: In 1 of 1 applicable record, outpatient mental health treatment did not continue in special housing.</p>	<p>MH-19 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-19.</p>

Finding	CAP Evaluation Outcome
<p><u>OUTPATIENT SERVICES</u></p> <p>A comprehensive review of 9 outpatient mental health records revealed the following deficiencies:</p> <p>MH-21: In 3 records, the inmate was not seen by mental health within 14 days of arrival.</p> <p>MH-22: In 3 records, problem descriptions on the Individualized Service Plan (ISP) did not include baseline data on frequency, intensity, and functional limitation.</p> <p>MH-23: In 3 records, treatment goals were not objective and measurable.</p> <p>MH-24: In 5 records, the ISP was not signed by all relevant parties.</p> <p>MH-25: In 5 of 6 applicable records, the ISP was not reviewed and revised within 180 days.</p> <p>MH-26: In 4 records, the inmate did not receive services as listed on the ISP.</p> <p>MH-27: In 3 records, the frequency of clinical contacts was not sufficient.</p>	<p>MH-21 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-21 will remain open.</p> <p>MH-22 & MH-23 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-22 & MH-23.</p> <p>MH-24 OPEN</p> <p>Adequate evidence of in-service training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-24 will remain open.</p> <p>MH-25 & MH-26 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-25 & MH-26.</p> <p>MH-27 OPEN</p> <p>Adequate evidence of in-service</p>

Finding	CAP Evaluation Outcome
	training was provided, however a review of randomly selected records indicated an acceptable level of compliance had not been met. MH-27 will remain open.

IV. Conclusion

The following physical health findings will close: PH-4, PH-6, PH-7, PH-12, PH-21, & PH-22. All other physical health portions will remain open.

The following mental health findings will close: MH-4, MH-6, MH-7, MH-11, MH-12, MH-15, MH-16, MH-19, MH-22, MH-23, MH-25, & MH-26. All other mental health portions will remain open.

Until appropriate corrective actions are undertaken by staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site visit.